

Contract Summary Form:

Contract Number : _____ - _____ - _____

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (£\$25,000). See also "Contracts for Services" policy. Form not applicable to revenue contracts.

- D1. Fiscal Year: FY 06-07
 - D2. Budget Unit Number (plus -Ship/-Bill codes in paren's): 3110
 - D3. Requisition Number
 - D4. Department Name.....: Sheriff
 - D5. Contact Person: John Ford
 - D6. Phone: 681-4970
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- K1. Contract Type (check one): Personal Service Capital Project/Construction
 - K2. Brief Summary of Contract Description/Purpose : Professional Services Agreement, Design Services
 - K3. Original Contract Amount: \$164,500.
 - K4. Contract Begin Date.....: 7/26/05
 - K5. Original Contract End Date.....: 12/1/06
 - K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
1	6/19/07	\$6,579.92.	\$6,579.92	171,079.92	7/1/08	Additional Design Work
 - K7. Department Project Number: 2388
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- B1. Is this a Board Contract? (Yes/No).....: Yes
 - B2. Number of Workers Displaced (if any).....:
 - B3. Number of Competitive Bids (if any).....:
 - B4. Lowest Bid Amount (if bid).....: \$
 - B5. If Board waived bids, show Agenda Date.....:
 - B6. ... and Agenda Item Number.....: #
 - B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : Yes
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- F1. Encumbrance Transaction Code: 1701
 - F2. Current Year Encumbrance Amount
 - F3. Fund Number.....: 0030
 - F4. Department Number.....: 032
 - F5. Division Number (if applicable).....: 1060
 - F6. Account Number.....: 8700
 - F7. Cost Center number (if applicable).....:
 - F8. Payment Terms: Net 30
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- V1. Vendor Numbers (A=uditor; P=urchasing).....:472885
- V2. Payee/Contractor Name.....: Lenvik & Minor Architects
- V3. Mailing Address.....: 315 West Haley St.
- V4. City State (two-letter) Zip (include +4 if known): Santa Barbara, CA 93101
- V5. Telephone Number.....: 805 963-3357
- V6. Contractor's Federal Tax ID Number (EIN or SSN) : 95-3391434
- V7. Contact Person.....: Dave Jones
- V8. Workers Comp Insurance Expiration Date.....: 10/1/07
- V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl):10/12/07
- V10. Professional License Number: # C 7960
- V11. Verified by (name of County staff): John Ford
- V12. Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

I certify: information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date : Authorized Signature.....: _____